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FEC	
FORM	3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	thorized Co	mmittee		C	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		Example: If typingover the lines.	g, type	12FE4M5	
Flynn for Congrss						
ADDRESS (number and street)	PO box 182152					
Check if different than previously reported. (ACC)	Shelby Townshi	p			MI 48	318
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00574087		3. IS THIS REPORT	× NEW (N)	OR	AMENDE (A)	
4. TYPE OF REPORT (Ch	noose One)					
(a) Quarterly Reports:		(b) 12-Day PF	RE -Election Repo	rt for the:	_	
X April 15 Quarterly	Report (O1)		Primary (12P)		General (120	G) Runoff (12R)
- April 10 Quartony			Convention (1	12C)	Special (125	S)
July 15 Quarterly F	Report (Q2)		M M /	D D	/ V V V V V	in the
October 15 Quarte	erly Report (Q3)	Election of	on			State of
January 31 Year-E	nd Report (YE)	(c) 30-Day PC	DST -Election Rep	ort for the):	
			General (30G))	Runoff (30R	Special (30S)
Termination Report	: (TER)	Election o	on M M /	D D /	Y Y Y Y	in the State of
5. Covering Period 0	M / D D /	2015	through	M 03	M / D D /	y " y " y " y " y " 2015
I certify that I have examined th	nis Report and to	the best of my	knowledge and k	pelief it is	true, correct and o	complete.
Type or Print Name of Treasure	Barbara Bulic					
Signature of Treasurer Bar	bara Bulic		[Electronically F	Filed]	Date 04	13 / Y Y Y Y Y Y Y 2015
NOTE: Submission of false, erron	eous, or incomplete	e information ma	ay subject the pers	son signing	this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Flyr	nn fo	or Co	ngrss
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R	eport	Covering the Period: From:	01 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 03 / 31 / Y Y 2015
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	6575.00	6575.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6575.00	6575.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	6575.00	6575.00
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6575.00	6575.00
8.		n on Hand at Close of orting Period (from Line 27)	25000.00	
9.	the	ts and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the	ts and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	25000.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Flynn for Congrss

Report Covering the Period: From: 01 01 2015 To: 03 31 2015

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than		
	Political Committees (i) Itemized (use Schedule A)	6575.00	6575.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	6575.00	6575.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	6575.00	6575.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	25000.00	25000.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	25000.00	25000.00
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	31575.00	31575.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 6575.00 6575.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 6575.00 6575.00 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 0.00 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 31575.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 31575.00 25. SUBTOTAL (add Line 23 and Line 24)..... 6575.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 25000.00 (subtract Line 26 from Line 25).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Image# 15951127014			
SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 8 (check only one) X 11a
			any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lucia Diccio Mailing Address 5108 E 23 mile rd City shelby township FEC ID number of contributing federal political committee. Name of Employer Hinman & Dicicco PLC Receipt For: 2016 Primary General Other (specify)	State MI C Occupation Attorney Election Cy	Zip Code 48316 //cle-to-Date	Date of Receipt 03 26 2015 Transaction ID: SA11AI.4110 Amount of Each Receipt this Period 1175.00 In-kind - office space
Full Name (Last, First, Middle Initial) Michele Diccio Mailing Address 48625 Lakebridge Drive City Shelby Township FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: 2016	State MI C Occupation Property Ma Election Cy		Date of Receipt M M M / D D / Y Y Y Y Y Y O3 / 26 / 2015 Transaction ID : SA11AI.4104 Amount of Each Receipt this Period 2700.00 In-kind - office space

Lucia Diccio Mailing Address 5108 E 23 mile rd City State MI shelby township FEC ID number of contributing C federal political committee. Name of Employer Occupati Hinman & Dicicco PLC Attorney Receipt For: 2016 Election | Primary General Other (specify) Full Name (Last, First, Middle Initial) Michele Diccio Mailing Address 48625 Lakebridge Drive City State Shelby Township MI FEC ID number of contributing C federal political committee. Name of Employer Occupati Property Self Receipt For: 2016 Election | Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) Anna Dicicco Date of Receipt Mailing Address 49625 Lakebridge 2015 26 City State Zip Code Transaction ID: SA11AI.4106 MI Shelby Township 48315 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2700.00 Name of Employer Occupation retired retired In-kind - office space Receipt For: 2016 Election Cycle-to-Date Primary General 2700.00 Other (specify) 6575.00 SUBTOTAL of Receipts This Page (optional)..... 6575.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Image# 15951127015		
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 8 (check only one) 11a 11b 11c 11d 11d 12 X 13a 13b 14 15
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar		
NAME OF COMMITTEE (In Full) Flynn for Congrss		
Full Name (Last, First, Middle Initial) Michael Flynn Mailing Address PO Box 182152		Date of Receipt 03 25 2015
City State Shelby Township MI	Zip Code 48318	Transaction ID : SA13A.4101

,	Mailing Address PO Box 182152	03 25 2015		
	City	State Zip Code		
	Shelby Township	MI 48318	Transaction ID : SA13A.4101	
	FEC ID number of contributing federal political committee.	С Н6МI10185	Amount of Each Receipt this Period	
	Name of Employer	Jame of Employer Occupation		
	Charter Township of Shelby	Treasurer	Loan from candidate's personal funds	
	Receipt For: 2016	Election Cycle-to-Date		
	Y Primary General	,		
	Other (specify)	25000.00		
_	Full Name (Last, First, Middle Initial)		Date of Receipt	
В.	NA-TI Addison		Date of neceipt	
	Mailing Address	M = M / D = D / Y = Y = Y		
	City	State Zip Code		
	FEC ID number of contributing	1		
	federal political committee.	C	Amount of Each Receipt this Period	
	Name of Employer	Occupation		
	Receipt For:	Election Cycle-to-Date		
	Primary General			
	Other (specify)			
	Full Name (Last, First, Middle Initial)			
C.			Date of Receipt	
٠.	Mailing Address		M M / D D / Y Y Y Y	
	City	State Zip Code		
	FEC ID number of contributing		-	
	federal political committee.	C	Amount of Each Receipt this Period	
	Name of Employer	Occupation		
			, , , , -	
	Receipt For:	Election Cycle-to-Date		
	Primary General			
	Other (specify)			
Г	I		25000.00	
s	UBTOTAL of Receipts This Page (optional)	25000.00		
ļ.,	OTAL This Paried (last page this line pumber)	ank)	25000.00	
<u>Ľ</u>	OTAL This Period (last page this line number of			

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	nedule(s) / of the	FOR LINE NUMBER: PAGE 7 OF 8 (check only one) X 17	
					erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Flynn for Congrss					
Full Name (Last, First, Middle Initial) A. Lucia Diccio					Date of Disbursement	
	Mailing Address 5108 E 23 mile rd				03 26 2015	
	City shelby township	State MI	Zip Code 48316		Amount of Each Disbursement this Period	
	Purpose of Disbursement In-kind - office space				1175.00 Transaction ID : SB17.4112	
	Candidate Name			Category/ Type	Transaction is . SST7.4112	
	Office Sought: House D Senate President	isbursement For Primary Other (s	General			
	State: District: Full Name (Last, First, Middle Initial)					
В.	Michele Diccio Mailing Address 48625 Lakebridge Drive				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	Amount of Each Disbursement this Period				
	Shelby Township	MI	48315			
	Purpose of Disbursement In-kind - office space				2700.00 Transaction ID : SB17.4105	
	Candidate Name			Category/ Type		
	Office Sought: House D Senate President	isbursement For Primary Other (s	General			
	State: District:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
C.	Full Name (Last, First, Middle Initial) Anna Dicicco				Date of Disbursement	
Mailing Address 49625 Lakebridge					03 26 Y Y Y Y Y Y	
	City State Zip Code Shelby Township MI 48315				Amount of Each Disbursement this Period	
	Purpose of Disbursement In-kind - office space				2700.00	
Candidate Name				Category/ Type	Transaction ID : SB17.4108	
	Office Sought: House D Senate President	isbursement For Primary Other (s	General	711-1		
	State: District:	<u> </u>				
					6575.00	

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6575.00

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

X 13a

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JANS .		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) Flynn for Congrss		Transactio	on ID : SC/10.4101
LOAN SOURCE Full Name (Last, Michael Flynn	First, Middle Initial)	[Election: 2016 Primary General
Mailing Address PO Box 182152			Other (specify) ▼
City	State ZIP 0	Code	
Shelby Township	MI 4831	8	
Original Amount of Loan	Cumulative Payment	To Date Balanc	e Outstanding at Close of This Period
25000	0.00	0.00	25000.00
TERMS Date Incurred	Date Du	e Interest Rate	Secured:
M03 ^M / D25 ^D / Y 2015	Y M M / D D /	1/1/2018 ° 0.00	% (apr) Yes No
List All Endorsers or Guarantors	(if any) to Loan Source		
1. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	,
2. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SUBTOTALS This Period This Page (optional)	······ }	25000.00
OTALS This Period (last page in this	line only)		25000.00
Carry outstanding balance only to LI	NE 3, Schedule D, for this line.	If no Schedule D, carry forwar	rd to appropriate line of Summary.